## STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES

AMENDED REPORT

|                                                                                                      |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | , GAS AND N                                  |                                                                                   |             |                                                          |                                              | AMENDED KI  | EPORT [ |          |  |
|------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------|-----------------------------------------------------------------------------------|-------------|----------------------------------------------------------|----------------------------------------------|-------------|---------|----------|--|
| APPLICATION FOR PERMIT TO DRILL                                                                      |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             | 1. WELL NAME and NUMBER Ute Tribal 18-02P                |                                              |             |         |          |  |
| 2. TYPE OF WORK  DRILL NEW WELL ( REENTER P&A WELL  DEEPEN WELL )                                    |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   | :           | 3. FIELD OR WILDCAT ANTELOPE CREEK                       |                                              |             |         |          |  |
| 4. TYPE OF WELL Oil Well Coalbed Methane Well: NO                                                    |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             | 5. UNIT or COMMUNITIZATION AGREEMENT NAME ANTELOPE CREEK |                                              |             |         |          |  |
| 6. NAME OF OPERATOR  PETROGLYPH OPERATING CO                                                         |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             | 7. OPERATOR PHONE<br>208 685-7674                        |                                              |             |         |          |  |
| 8. ADDRESS OF OPERATOR 960 Broadway Ave, Ste 500, Bosie, ID, 83703                                   |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             | 9. OPERATOR E-MAIL<br>bwest@pgei.com                     |                                              |             |         |          |  |
|                                                                                                      | RAL LEASE NUMB<br>, INDIAN, OR ST<br>14-20- | STATE (                                                                      | ) FEE                                                        | 12. SURFACE OWNERSHIP  FEDERAL INDIAN STATE FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             |                                                          |                                              |             |         |          |  |
| 13. NAME OF SURFACE OWNER (if box 12 = 'fee')                                                        |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             |                                                          | 14. SURFACE OWNER PHONE (if box 12 = 'fee')  |             |         |          |  |
| 15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')                                                     |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             |                                                          | 16. SURFACE OWNER E-MAIL (if box 12 = 'fee') |             |         |          |  |
|                                                                                                      | N ALLOTTEE OR                               |                                                                              | 8. INTEND TO COMMINGLE PRODUCTION FROM<br>ULTIPLE FORMATIONS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              | 19. SLANT                                                                         |             |                                                          |                                              |             |         |          |  |
| (IT DOX 12                                                                                           | = 'INDIAN')<br>Ute Ind                      | dian Tribe                                                                   |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             | VERTICAL DIRECTIONAL MORIZONTAL                          |                                              |             |         |          |  |
| 20. LOCATION OF WELL FO                                                                              |                                             |                                                                              | FO                                                           | OTAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | TR-QTR                                       | SECTION                                                                           |             | TOWNSHIP                                                 |                                              | RANGE MERID |         | MERIDIAN |  |
| LOCATION AT SURFACE 770 F                                                                            |                                             |                                                                              | _ 1697 FEL                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NWNE                   | 18                                           | 18                                                                                |             | 0 S                                                      | 3.0 W                                        | 3.0 W U     |         |          |  |
| Top of Uppermost Producing Zone 20 FN                                                                |                                             |                                                                              | _ 1200 FEL                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NENE                   | 18                                           | 18                                                                                |             | 0 S                                                      | 3.0 W U                                      |             | U       |          |  |
| At Total Depth 20 FN                                                                                 |                                             |                                                                              | _ 1200 FEL                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NENE                   | 18                                           |                                                                                   | 5.0 S       |                                                          | 3.0 W U                                      |             | U       |          |  |
| 21. COUNT                                                                                            | 22. DISTANCE                                | DISTANCE TO NEAREST LEASE LINE (Feet) 770                                    |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 23. NUMBER OF ACRES IN DRILLING UNIT 640     |                                                                                   |             |                                                          |                                              |             |         |          |  |
|                                                                                                      |                                             | DISTANCE TO NEAREST WELL IN SAME POOL plied For Drilling or Completed)  1196 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | <b>26. PROPOSED DEPTH</b> MD: 6063 TVD: 6063 |                                                                                   |             |                                                          |                                              |             |         |          |  |
| 27. ELEVA                                                                                            | TION - GROUND                               | 28. BOND NUM                                                                 | 8. BOND NUMBER BO 4556                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              | 29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 43-8342 |             |                                                          |                                              |             |         |          |  |
| Hole, Casing, and Cement Information                                                                 |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             |                                                          |                                              |             |         |          |  |
| String                                                                                               | Hole Size                                   | Casing Size                                                                  |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   | Max Mud Wt. |                                                          | Cement                                       | Sacks       | Yield   | Weight   |  |
| COND                                                                                                 | 18                                          | 8.625                                                                        | 0 - 40                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Inknown<br>-55 ST&C                          | _                                                                                 | 10.0        |                                                          | Class G                                      | 25<br>220   | 1.17    | 15.8     |  |
| PROD                                                                                                 | 8.75                                        |                                                                              |                                                              | 3 15.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | J-55 LT&C                                    |                                                                                   | 10.0        |                                                          | Class G                                      | 516         | 1.91    | 12.5     |  |
|                                                                                                      |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             |                                                          | Class G                                      | 338         | 1.46    | 13.4     |  |
| ATTACHMENTS                                                                                          |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             |                                                          |                                              |             |         |          |  |
| VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             |                                                          |                                              |             |         |          |  |
| <b>№</b> WE                                                                                          | LL PLAT OR MAP                              | PREPARED BY                                                                  | LICENSED SUR                                                 | <b>№</b> сом                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | COMPLETE DRILLING PLAN |                                              |                                                                                   |             |                                                          |                                              |             |         |          |  |
| AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)                                      |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              | FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER                                 |             |                                                          |                                              |             |         |          |  |
| DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY TOPOGRAPHICAL MAP                          |                                             |                                                                              |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             |                                                          |                                              |             |         |          |  |
| NAME Ed                                                                                              | Trotter                                     | TITLE Age                                                                    | TITLE Agent PHONE                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              | E 435 789-4120                                                                    |             |                                                          |                                              |             |         |          |  |
| SIGNATU                                                                                              | RE                                          | <b>DATE</b> 06/                                                              | DATE 06/01/2011 EMAIL                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              | edtrotter@easilink.com                                                            |             |                                                          |                                              |             |         |          |  |
|                                                                                                      | ber assigned<br>1350803000                  | 00                                                                           | APPROV <i>E</i>                                              | APPROVAL BARRELLE STATEMENT OF THE STATE |                        |                                              |                                                                                   |             |                                                          |                                              |             |         |          |  |
|                                                                                                      |                                             | Permit Manager                                                               |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                              |                                                                                   |             |                                                          |                                              |             |         |          |  |

